

PART B - FEE(S) TRANSMITTAL

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7590 05/26/2010

Warsaw Orthopedic, Inc.
Noreen Johnson - IP Legal Department
2600 Sofamor Danek Drive
Memphis, TN 38132

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(Depositor's name)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/648,056	08/26/2003	Jeff R. Justis	MSDI-77/PC753.00	2957

TITLE OF INVENTION: SYSTEMS AND METHODS FOR INTRAVERTEBRAL REDUCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/26/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEWART, ALVIN J	3774	623-017110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Haynes and Boone, LLP 2 _____ 3 _____
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Warsaw Orthopedic, Inc.

Warsaw, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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